EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies):	San Diego		Fiscal Year:	2006-07
Program Workplan #:	A-3		Date:	5/10/06
Program Workplan Name:	Client-Operated Peer Support Services		Page:	1 of 6
Type of Funding:	2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	1,400	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Clien	t Capacity of Program/Service Expanded through MHSA:	1,400	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0 \$0
2. Personnel Expenditures	ψ0	ΨΟ	ΨΟ	φο
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
				\$0 \$0
c. Employee Benefits d. Total Personnel Expenditures	\$0	\$0	\$0	\$0 \$0
3. Operating Expenditures	Φ0	ΦΟ	Φ0	Φ0
				# 0
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$420,000	***	***	\$420,000
6. Total Proposed Program Budget	\$420,000	\$0	\$0	\$420,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures	\$107,082			\$107,082
D. Total Funding Requirements	\$527,082	\$0	\$0	\$527,082
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

Year: FY 06-07	Fiscal Year: _		San Diego	County(ies):
Date: 2/28/06	Date:		A-3	Program Workplan #
Page: 2 of 6	Page:_		Client-Operated Peer Support Services	Program Workplan Name C
ration 12	Months of Operation_		2. System Development	Type of Funding
insion New	New Program/Service or Expansion _	1,400	al Client Capacity of Program/Service:	Proposed Tota
ed by: Michelle Petersor	Prepared by:	0	g Client Capacity of Program/Service:	Existinç
mber: (619) 563-2715	Telephone Number:	1.400	Client Capacity of Program/Service Expanded through MHSA:	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
3					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Team Leader	Manages Program and Staff	0.50	0.50		\$0
Peer SpecialistBachelor's level	Peer Education and Support	1.00	1.00		\$0
Peer Specialist	Peer Education and Support	5.00	5.00		\$0
Clerical & Other Support Staff	Provides Clerical Support	0.50	0.50		\$0
					\$0
*At least 33% of staff will be bilingual.					\$0
These staff positions are a likely profile for this	s workplan. However, the contractor shall p	ropose the specific	staffing for this prog	ram to best meet the pro-	gram goals.
Please note the number of peer specialists are	e required and will not be less than 7 FTE's.				\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	7.00	7.00		\$0
C. Total Program Positions		7.00	7.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers. b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego Fiscal Year: 2006-07 Page: 3 of 6
Program Workplan #: A-3 Date: 05/10/06

Program Workplan Name: Client-Operated Peer Support Services

Type of Funding: 2. System Development New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$420,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2006 - June 30, 2007.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
С	\$107,082	One-Time CSS Funding Expenditures are the sum of the following:
	\$83,078	One-time CSS funding for start-up and implementation expenditures for this program are equivalent to 6 weeks of service operations plus an additional \$34,620 for the program to purchase a van. Our County has used this method before with new programs and based on our past experience the equivalent of 6 weeks of funding seems to be a sufficient amount for Contractors to purchase most of the equipment and supplies needed for a new program. The majority of start-up funds are budgeted to purchase equipment such as computer hardware, software, cell phones, copier, fax, furniture and other office equipment and transportation for clients (if needed). Additionally, these funds may be used to secure or expand office space. Implementation funds are also needed for program staff to recruit, hire, and train personnel and will be used to develop initial program outreach strategies to get this program up and running. These start-up costs will be expended in the first quarter of FY 06-07 between July 1, 2006 - September 30,2006.
	\$24,000	One-time CSS funding for training to include Client-operated technical assistance (\$10,000), Self-Advocacy training (\$10,000), Copeland's Wellness Recovery Action Plan (WRAP) training (\$1,250), Deegan's Intentional Care Guidelines program (\$1,500) and Psychosocial Rehabilitation (PSR) training and materials (\$1,250). The Client-operated technical assistance and self-advocacy training are our best estimates based on our experience of providing similar trainings; however the actual details of how the dollars will breakdown will be determined in the "winning" request for proposals (RFP) currently be requested by contractors. The WRAP estimate of \$1,250 is to purchase materials and hire a WRAP-certified consultant to assist with training. The Deegan's Intentional Care estimate of \$1,500 is to purchases proprietary training materials. The PSR estimate of \$1,250 is to purchase materials and provide some training. These start-up costs will be expended in the first half of FY 06-07 between July 1, 2006 - December 31,2006.
D	\$527,082	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies)	San Diego		Fiscal Year:	2007-08
Program Workplan #:	A-3		Date:	2/28/06
Program Workplan Name:	Client-Operated Peer Support Services		Page:	4 of 6
Type of Funding:	2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	1,400	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Petersor
Clier	nt Capacity of Program/Service Expanded through MHSA:	1,400	Telephone Number:	(619) 563-2715

b. Travel and Transportation c. Housing 1. Meater Leases 1. Subsidies 11. Vouchers 12. Vouchers 13. Vouchers 14. Coller Housing 15. Education Support Separations 15. Other Housing 16. Employment and Education Supports 16. Other Support Expenditures (provide description in budget narrative) 17. Total Support Expenditures 18. Current Existing Personnel Expenditures (from Staffing Detail) 19. New Additional Personnel Expenditures (from Staffing Detail) 19. New Additional Personnel Expenditures (from Staffing Detail) 19. New Additional Personnel Expenditures 19. Translation and Interpreter Services 19. Translation and Medical Supports 19. Other Operating Expenditures 19. Other Operating Expenditures 19. Other Operating Expenditures 19. New Program Management 19. New Program Management 19. New Program Management 19. New Program Management 20. Staffing Revenues 20. New Revenues 21. Existing Revenues 22. New Revenues 23. Other Revenue 24. Other Revenue 25. Staff General Funds 26. Other Revenue 26. Staff General Funds 27. New Revenues 28. Other Revenues 29. Other Revenue 29. Other Revenues 29. Other Revenues 29. Other Program Guaget Insurance 20. Staff General Funds 30. Other Revenues 30. Other Revenues 40. Other Revenues 50. Staff General Funds 5	Client Capacity of Program/Service Expanded through MHSA	A: <u>1,400</u>	•	Telephone Number:	(619) 563-2715
1. Client, Family Member and Caregiver Support Expenditures a. Cloribing, Food and Hygiene b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iii. Other Housing d. Employment and Education Supports o. Other Support Expenditures iii. Other Floribing d. Employment and Education Supports o. Other Support Expenditures a. Current Esting Presponders (provide description in budget narrative) 1. Total Support Expenditures a. Current Esting Presponder Support Suppo			Governmental	Health Contract	Total
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ii. Vouchers iii. Vouchers iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses 5. Settimated Total Expenditures 9. So \$0	-				\$0
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iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) 1. Total Support Expenditures 2. Personnel Expenditures 3. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Other Expenditures 3. Professional Services b. Translation and Interpreter Services c. Travell and Transportation d. General Office Expenditures 9. Other Coperating Expenditures 9. Other Coperating Expenses (provide description in budget narrative) 1. Total Operating Expenses (provide description in budget narrative) 1. Total Operating Expenses (provide description in budget narrative) 1. Total Operating Expenses (provide description in budget narrative) 1. Total Operating Expenses (provide description in budget narrative) 1. Total Operating Expenses (provide description in budget narrative) 1. Total Operating Expenses (provide description in budget narrative) 1. Sestimated Total Expensitures 9. So					\$0
d. Employment and Education Supports e. Other Support Expenditures Total Support Expenditures So. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0	iv. Other Housina				\$0
e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures d. Total Personnel Expenditures 3. Operating Expenditures 3. Operating Expenditures 3. Operating Expenditures 3. Professional Services b. Translation and interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilisies and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses 4. Program Management c. Total Program Management b. New Program Management c. Total Program Management c. Total Program Management s. Setimated Total Expenditures when service provider is not known 5. Estimated Total Expensitures when service provider is not known 5. Estimated Total Expensitures when service provider is not known 5. Estimated Total Expensitures 1. Existing Revenues 1. Existing Revenues 2. New Revenues 3. Medi-Cal (FFP Only) b. Medicare/Palaint Fees/Palaint Insurance c. Realignment h. Total Existing Revenues 2. New Revenues 2. New Revenues 3. Medi-Cal (FFP Only) b. Medicare/Palaint Fees/Palaint Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. So					\$0
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h. Total Operating Expenditures	g. Other Operating Expenses (provide description in budget narrative)				\$0
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5. Estimated Total Expenditures when service provider is not known \$420,000 \$420,000 6. Total Proposed Program Budget \$420,000 \$0 \$0 B. Revenues 1. Existing Revenues 2. Medicare/Patient Fees/Patient Insurance 2. Realignment 2. Realignment 2. Realignment 3. State General Funds 3. Grants 3. Other Revenue 3. Total Existing Revenues 3. State General Funds 3. State General Funds 3. Medi-Cal (FFP only) 3. Medi-Cal (FFP only) 3. Medicare/Patient Fees/Patient Insurance 3. State General Funds 3. Other Revenue 3. State General Funds 3. Total New Revenue 3. Total New Revenue 3. Total Revenues 3. State General Funds 3. Total Revenues 3. State General Funds 3. State General Funds<	b. New Program Management				<u>\$0</u>
6. Total Proposed Program Budget \$420,000 \$0 \$0 \$420,0 B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 9. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	c. Total Program Management		\$0	\$0	\$0
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1. Existing Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 9. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	6. Total Proposed Program Budget	\$420,000	\$0	\$0	\$420,000
a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenues 3. Total Revenues 3. Total Revenues 3. Total Rependitures	B. Revenues				
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c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 80 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	a. Medi-Cal (FFP only)				\$0
d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 9. Total Revenues 3. Total Revenues 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	b. Medicare/Patient Fees/Patient Insurance				\$0
e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 9. Total Revenue 1. Total Revenues 9. \$0 9. \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	c. Realignment				\$0
f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenue 3. Total Revenue 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	d. State General Funds				\$0
g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenues C. One-Time CSS Funding Expenditures	e. County Funds				\$0
h. Total Existing Revenues \$0 \$0 \$0 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue \$0 \$0 \$0 3. Total Revenues \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	f. Grants				
2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenues C. One-Time CSS Funding Expenditures	g. Other Revenue				\$0
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b. Medicare/Patient Fees/Patient Insurance	2. New Revenues				
c. State General Funds 4. Other Revenue d. Other Revenue 50 e. Total New Revenue \$0 3. Total Revenues \$0 C. One-Time CSS Funding Expenditures	a. Medi-Cal (FFP only)				\$0
d. Other Revenue \$0 \$0 e. Total New Revenue \$0 \$0 3. Total Revenues \$0 \$0 C. One-Time CSS Funding Expenditures \$0 \$0	b. Medicare/Patient Fees/Patient Insurance				\$0
d. Other Revenue \$0 \$0 \$0 e. Total New Revenue \$0 \$0 \$0 3. Total Revenues \$0 \$0 \$0 C. One-Time CSS Funding Expenditures \$0 \$0 \$0	c. State General Funds				\$0
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3. Total Revenues \$0 \$0 \$0 C. One-Time CSS Funding Expenditures	e. Total New Revenue	\$0	\$0	\$0	\$0
	3. Total Revenues	\$0	\$0	\$0	\$0
D. Total Funding Requirements \$420,000 \$0 \$0 \$420,0	C. One-Time CSS Funding Expenditures				\$0
	D. Total Funding Requirements	\$420,000	\$0	\$0	\$420,000
					0.0%

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies):	San Diego		Fiscal Year: _	FY 07-08
Program Workplan #:	A-3		Date:_	2/28/06
Program Workplan Name:	Client-Operated Peer Support Services		Page:_	5 of 6
Type of Funding:	2. System Development		Months of Operation:	12
Proposed Tot	al Client Capacity of Program/Service:	1,400	New Program/Service or Expansion: _	New
Existin	ng Client Capacity of Program/Service:	0	Prepared by: _	Michelle Peterson
Client Capacity of Progr	am/Service Expanded through MHSA: _	1,400	Telephone Number:	(619) 563-2715

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Team Leader	Manages Program and Staff	0.50	0.50		\$0
Peer SpecialistBachelor's level	Peer Education and Support	1.00	1.00		\$0
Peer Specialist	Peer Education and Support	5.00			\$0
Clerical & Other Support Staff	Provides Clerical Support	0.50	0.50		\$0
					\$0
*At least 33% of staff will be bilingual.	s this workeles. However the contractor of	all propose the ope	aifia ataffina far thia	program to best most the	\$0
	or this workplan. However, the contractor sh ts are required and will not be less than 7 F			program to best meet the	program goals.
l'iease note the number of peer specialist		L 3.			\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	7.00	7.00		\$0
C. Total Program Positions		7.00	7.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego Fiscal Year: 2007-08 Page: 6 of 6
Program Workplan #: A-3 Date: 02/28/06

Program Workplan Name: Client-Operated Peer Support Services

Type of Funding: 2. System Development New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$420,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$420,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.